

Honeywell Docket No. 30-4874 -4960
Practitioner's Docket No. H9910-0305 (7037172001-3225000)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kweeder et al.

Application No.: 09/468,668
Filed: December 21, 1999
For: PRILLING METHOD

Group No.: 1761
Examiner: Robert A. Madsen

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1,136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

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☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

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37 C.F.R. § 1.10*

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TRANSMISSION

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Date: **September 12, 2005**


Kristin J. Azcona

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | | | |
|---|---|---------------------------------------|------------------|---------------------------|------|---------------------|---------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDIT. FEE | |
| TOTAL | 13 | — | 17 | = | 0 | x | \$ 50.00 = \$ 0.00 |
| INDEP. | 1 | — | 3 | = | 0 | x | \$ 200.00 = \$ 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + | \$ 360.00 | = \$ 0.00 |
| | | | | | | TOTAL ADDIT. FEE | \$ 0.00 |

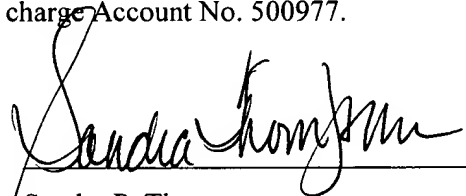
No additional fee for claims is required.

FEE DEFICIENCY

6. For any additional extension and/or fee is required, charge Account No. 500977.

For any additional fee for claims is required, charge Account No. 500977.

Date: September 12, 2005


 Sandra P. Thompson
 Registration No. 46264
 Buchalter Nemer, A Professional Corporation
 18400 Von Karman, Suite 800
 Irvine, CA 92612